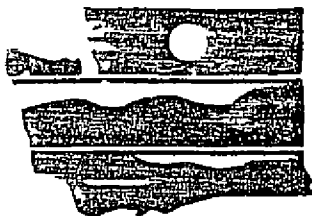


(USE ADDITIONAL SHEETS IF NECESSARY)



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

Unique Well Tag No: _____

AGA 714

RECORD VERIFICATION (check ☒ one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

Sec # 1

WELL OWNERSHIP IF DIFFERENT FROM WELL REPORT

First Name OZI-YA DIV #2 W.S Last Name _____

Street Address 626A0-9

City _____ State _____

LOCATION OF WELL IF DIFFERENT FROM WELL REPORT

Well Address BEHIND 699 AWA/WEUS RD

City _____ County _____

T _____ N R _____ WM Sec _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

☐ Location marked on topographic map (please attach)

☐ Location marked on air photo (please attach)

State Health

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size or casing type or well housing etc)

4" casing inside CONC TIVE W/CONC LID SITE DIFFICULT
TO GO AROUND
TO FIND - MUST ~~GO~~ BACK YARD AND WALK BACK
TOWARDS WOODS

Location of Well Identification Tag

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

Scale 1 24 000 (1"=2,000)

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

C	B	A
F	G	H
L	K	J
P	Q	R

REMARKS

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right # _____

Date Issued _____

One Application Permit Certificate Claim Eyemot

